Nurse Clinics 2015

Linda Nazarko OBE - Abstract

Those of us working in clinics and nurse led services work very hard and often under great pressure. It can be difficult for busy nurses to find the time and space to look at where their services are and where they could be in the future. It’s vitally important to take that time and work out a vision of the future because all plans need to support that vision. This presentation aims to help you to take the time and work out where your service is and where you want to take it and also to plan for the day when you are no longer leading the service.

How to scan the horizon

The world changes over time and because we’re living in the moment we sometimes don’t notice those changes until we look back. As nurses we’re heirs to the past and makers of the future. When developing an established clinic it’s important to look at what the clinic was set up to do, what it actually does and what it could do in the future. Take time and think of what the service was set up to do, what it actually does now and what it could do in the future. Look at what others are doing and look forward to what it could be. Look at future trends and government policies. If your clinic is in hospital and there’s a move to the community could you deliver your services in the community or virtually? Look at what you do now, what you could improve on and what skills are required to move forward.

Defining competency?

The RCN (2012a) define competency as

_Nurses and nursing staff have up-to-date knowledge and skills, and use these with intelligence, insight and understanding in line with the needs of each individual in their care”._

Advanced nursing practice

The NMC (2007) define the nurse practicing as advanced level as

“A registered nurse who has command of an expert knowledge base and clinical competence, is able to make complex clinical decisions using expert clinical judgement, is an essential member of an interdependent health care team and whose role is determined by the context in which s/he practices”

The role of the advanced practitioner

The nurse practitioner role developed in the US because a shortage of doctors led to people especially those who were poor and living in rural communities having difficulty accessing healthcare. The aim of the role was to improve access to healthcare and to hold down costs (Kohler, 1965). The first nurse practitioner training programme was developed at the University of Colorado in 1965 by Henry Silver, a doctor, and Loretta Ford a nurse (Kohler, 1965: Barton et

Since advanced nursing practice was introduced there have been differing views about the role. There were those who saw the role as a return to nursing roots and those who saw the role as a new type of nurse (American Journal of Nursing, 1974: Wilson, 2003). The debate centres on whether the nurse practitioner is a doctor substitute or a nurse practicing nursing at an enhanced level (Barton, 2012a, Barton, 2012b: Barton 2012c: Rolfe, 2014). Nurses practicing at advanced level can practice broadly as nurse practitioners and some consultant nurses do or in a field of specialist practice such as cardiology or diabetes management. Nurses working at advanced practice can enable and empower other nurses or they can disable and disempower them by discouraging them from using or developing skills (Nazarko, 2008). At their best nurses practicing at advanced level can move nursing onto a higher level. In order to fulfil the role nurses need to develop competencies not only in advanced clinical practice but also in management, leadership, education and research. The NMC (2004) suggested seven domains and 118 competencies. Forests have been felled and domains and competencies outlined but at present advanced practice remains unregulated.

Components of advanced practice

There are four components of advanced practice (DH, 2010: NHS Wales (2010) DHNI (2014). These are:

1. Clinical care
2. Leadership
3. Improving quality and developing practice
4. Developing self and others

Figure one: Components of advanced practice
Clinical competencies
There are a number of competency frameworks. Skills for Health (2007) outline a career framework that show steps on a career ladder and provide role descriptors. NHS Scotland (2009) host a UK wide tool kit. NHS Wales (2010) and the Northern Ireland DH (2014) have developed frameworks to guide the development of advanced practice and to put in place governance arrangements. The RCN (2012b) has produced further guidance.

I would suggest that competencies should be related to the area of practice. Some nurses practicing at advanced level have a narrow area of specialism, e.g. diabetes, cardiology, whereas others nurse practitioners and nurses working in areas such as gerontology have a broad area of specialism. Clinical competencies should be related to area of practice. The common themes are:

- Practicing autonomously
- Making decisions and being accountable
- Admitting and discharging patients
- Ability to take a clinical history
- Ability to physically examine patient
- Ability to determine diagnosis
- Ability to determine when onward referral is required
- Ability to prescribe
- Ability to educate and promote health
- Ability to work with patients to manage conditions

The fundamentals of nursing
We nurse with the hands the heart and the head and nursing is both an art and a science. The science of nursing is in the ascendancy but if we are to truly master nursing we must balance the art and the science of nursing. We must never forget our fundamental nursing skills and we must practice first class nursing. Nurses when practicing at advanced level make a unique contribution to care (Rolfe, 2014).

*The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.*

Henderson (1966)

"Nursing is rooted from the needs of humanity and is founded on the ideal of service. And that, “the nurse is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the infant, knowledge and confidence for the mother and the mouthpiece for those too weak or withdrawn to speak."
Developing assessment and diagnostic skills

Education is available with universities often as part of degree and master’s level courses. These courses enable the nurse to develop skills however those skills should be honed in clinical practice. The nurse practicing at advanced level needs to build on education and develop competency in clinical practice. In the future I’d like to see a partnership with universities and practice settings so that skills can be developed more robustly.

Managerial and leadership

The nurse practicing at advanced level is required to manage staff and services and requires managerial competencies in order to do this. The advanced practice role is importantly about leadership. It is about providing a positive role model, developing staff and leading change at the bedside and in the boardroom. In my view that means the ability to combine technical skills with humanistic care – to combine the art and science of nursing.

Education

The nurse practicing at advanced level should be educated to Master’s level. Nursing has of late been subject to criticism and there is the view that nursing has lost its way (Murray, 2013: Francis, 2013). Nursing needs to consistently provide compassionate high quality care to those who we care for (Cornwell, 2012). There is the perception in the media that nurses are “too posh to wash” and the degree level education lies at the heart of nursing’s problems. The reality is somewhat different, nursing actually needs more educated nurses. Nurses who are “kind enough to care and clever enough to cope”.

In care of older people for example Evans and Strumpf (1994) found that quality outcomes did not necessarily require more staff but do require staff who have the requisite knowledge base and access to gerontological expertise and support in their efforts to provide quality individualised care. They found that “the consistent professional presence” of a nurse with expertise in gerontology enhanced quality of care by moving care from a custodial focus to a rehabilitative one. The nurse practicing at advanced level is educated and is an educator.

Research

Research is an important and often overlooked component of the advanced nursing role. The nurse should be enabled to develop the skills to carry out research and to move practice forward.

How to use protocols and guidelines

Protocols and guidelines are helpful. They enable nurses to define the service, determine service acceptance criteria and exclusion criteria, escalation criteria and discharge criteria. They can also set out treatment criteria for certain conditions or presentations. It’s important that the busy nurse practicing at advanced level does not spend time re-inventing wheels. There are many protocols and guidelines available and one of the most important skills the nurse can develop is the skill of evaluating what exists and working with others to adapt
these locally. If the nurse develops new protocols and guidelines it’s important to share locally and nationally by publishing in journals, on the web and presenting at conferences.

**Moving beyond competencies**

Competencies have their uses and are helpful for nurses new to advanced practice and those working in stable environments with familiar problems. Nurses working at advanced level often work in environments and roles that are dynamic and unpredictable and are required to practice in familiar and unfamiliar situations. As nurses practicing at advanced level become more experienced and develop expertise they move beyond competency to capability.

“*Capability has been described as the combination of skills, knowledge, values and self-esteem which enables individuals to manage change, be flexible and move beyond competency*”

(O’Connell et al, 2014)

---

**Succession planning**

One of the core components of advanced practice is developing oneself and others. At present there are only a few places that offer formalised programmes that aim to develop staff to specialist and consultant level. The RCN (2012c) document offers useful advice.

---

**The art and science of nursing**

Nursing is both an art and a science. The art of nursing is what enables us to build a trusting relationship with people. It enables them to tell us things that they may never have told another person, to confide their fears and to share their hope and aspirations with us. The science of nursing enables us to work out what can be done to help and to put in place plans to help the person recover or come to terms with changes. Nursing is the humanistic practice of healthcare. Advanced practice can contribute to developing nursing and be both the heart and soul of healthcare.
Advanced nursing practice can enrich the lives of those we care for and also our own lives.

**Further reading**
http://www.nursingtimes.net/home/revalidation/developing-a-portfolio-for-advanced-practice/5085416.article

**References**
http://www.nursingtimes.net/home/courses-and-careers/the-development-of-advanced-nursing-roles/5045780.article
Accessed 6th November 2015


http://www.nursingtimes.net/nursing-practice/specialisms/management/a-governance-framework-for-advanced-nursing/5045973.article
Accessed 6th November 2015

Barton TD et al (2012c) *Advanced nursing 3: what does the future hold for advanced nursing?* *Nursing Times*; 108: 26, 19-21
Accessed 6th November 2015

http://www.kingsfund.org.uk/blog/2012/10/developing-culture-compassionate-care
Accessed 6th November 2015


Department of Health, Social Services and Public Safety (2014) *ADVANCED NURSING PRACTICE FRAMEWORK Supporting Advanced Nursing Practice in Health and Social Care Trusts.* Northern Ireland
Accessed 6th November 2015

http://www.midstaffspublicinquiry.com/report
Accessed 31st August 2014

http://nursinghenderson2009.blogspot.co.uk/
Accessed 6th November 2015

Kohler S (1965). Case 3. The Development of the Nurse Practitioner and Physician Assistant Professions
https://cspcs.sanford.duke.edu/sites/default/files/descriptive/nurse_practitioners_and_physician_assistants.pdf

http://www.theguardian.com/society/2013/jun/04/chief-nursing-officer-jane-cummings
Accessed 6th November 2015

Nazarko L (2008). Ivory towers jeopardise holistic nursing care. Nursing Times:
http://www.nursingtimes.net/linda-nazarko-ivory-towers-jeopardise-holistic-nursing-care/1808001.article
Accessed 6th November 2015

http://www.advancedpractice.scot.nhs.uk/
Accessed 6th November 2015

Accessed 6th November 2015


Accessed 6th November 2015

Accessed 31st August 2014

Accessed 6th November 2015

RCN (2012c). Becoming and being a nurse consultant. RCN, London
Accessed 6th November 2015

Skills for Health (2007). Level 7 role descriptors. Skills for Health
http://www.advancedpractice.scot.nhs.uk/media/7850/level_7_role_descriptors.pdf
Accessed 6th November 2015

Stilwell B (1988) Patients’ attitudes to a highly developed extended role: the nurse practitioner. Recent Advances in Nursing: 21: 82-100